

This Form + Statement of Work Are Required. Respond to Every Item on This Form.

In accordance with the provisions of FAR 52.233-6, I have contacted _____ on _____ and read him/her the Drug-Free Workplace Act and he/she has verbally certified that he/she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the performance of his/her conduct.

SIGNATURE _____

DATE _____

REQUEST FOR PROFESSIONAL SERVICES

DATE SUBMITTED: _____ ORDER NO.: _____

CAN #: _____ **FILL THIS IN** FAX: 301-402-0450

CONTACT: Secretary's last name: Sharrar TEL: 301-496-1530

EIN / Social Security #: _____

FOR: Section Chief's last name: _____ Lab / Section / Initials: _____

BLDG _____

ROOM _____

INST. **NCI**

FOR: Requestor's last name: _____ Requestor's Room: _____

U.S. CITIZEN ☐

NON U.S. CITIZEN ☐

Email required:

NAME: _____

HOME /WORK ADDRESS: _____

CITY /STATE / ZIP: _____

TELEPHONE No.: _____ FAX No. _____

PURPOSE: _____

Attach a Statement of Work (Mandatory)

LOCATION: _____ (On a separate page, describe fully the person's title, professional experience & service in your lab.)

DATES OF SERVICES: FROM _____ TO _____

PLEASE INDICATE BELOW THE EXPENSES TO BE PROVIDED:

HONORARIUM / FEE _____ PER DAY FOR _____ DAY(S) \$ _____ TOTAL

PER DIEM _____ PER DAY FOR _____ DAY(S) \$ _____

TRAVEL _____ TAXIS _____ \$ _____

Lodging \$153; M&IE \$51 = \$204

1st & Last Day of Travel (75% of M&IE) = \$38.25

GRAND TOTAL: \$ _____

If the total contract exceeds \$2,500, a brief SOLE-SOURCE JUSTIFICATION must be attached.

APPROVAL ACTION:	All Professional Services Contracts must be submitted in advance and approved by the Laboratory Chief and the Administrative Officer prior to entering them into the DELPRO System. All spaces must be completed. Attach additional information.		
Name and Title	Signature	Date	
Initiator			
Laboratory/Branch Chief Michael M. Gottesman, M.D.			
Administrative Officer Karen Gallin			